Department of Medical Assistance Services
600 East Broad Street
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https://dmas.virginia.gov
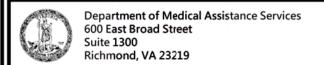
MEDICAID MEMO

Last Updated: 03/09/2022

National Provider Identifier (NPI) Implementation Plans For the Virginia Medicaid Program: Atypical Providers

The purpose of this Medicaid Memorandum is to inform providers of the Department of Medical Assistance Services (DMAS) National Provider Identifier (NPI) implementation plans. This memorandum is the second in a series of Medicaid Memorandums regarding the NPI to DMAS defined "Atypical" providers. On February 27, 2006, DMAS released its first NPI Medicaid Memorandum informing our providers of the new federal mandate resulting from the Health Insurance Portability and Accountability Act (HIPAA), which requires covered health care providers to obtain and use an NPI in lieu of any other provider identification number(s) for all standard transactions. DMAS will be extending this numbering change to its entire provider network, including Atypical providers that are not considered "health care providers" as defined by legislation. DMAS is making this change for all "Atypical" (non-healthcare) providers in order to maintain the consistency and integrity of its Medicaid Management Information System.

Atypical Provider Enumeration

You have been identified as an "Atypical" Provider. As such, DMAS will assign an Atypical Provider Identifier (API) for you to use in lieu of your existing Medicaid provider identification number for all Medicaid business transactions. Your 10-character API will be communicated to you through an API Enumeration Letter that will be sent to you via the United States Postal Service between the months of November 2006 and January 2007.

As of the compliance date of May 23, 2007, only your API can be used to conduct Medicaid business transactions. Your current 9 digit Medicaid provider identification number(s) will no longer be accepted. Virginia Medicaid business transactions include the submission of paper and electronic

claims, calls to the Provider Call Center, calls to the automated voice response system for eligibility and claims status (MediCall), inquiries to the web-based automated response system (ARS); and any other interactions with the Agency for which you now use your Medicaid identification number to conduct Medicaid business.

Billing and the Dual Use of Medicaid Identification Numbers and APIs

New versions of the CMS-1500, DMAS-30 (Title XVIII Medicare Deductible and Coinsurance Invoice) and DMAS-31 (Title XVIII Medicare Deductible and Coinsurance Invoice/Adjustment) forms will be required for the 10-character API. DMAS plans to use the following schedule for implementation:

*Please note that the dual use implementation date has not yet been finalized.

Through First Quarter 2007: DMAS will continue to use only the Medicaid provider identification number in processing claims and issuing prior authorizations.

Second Quarter 2007 through May 22, 2007 – Dual Use: DMAS will allow dual use of either the Medicaid provider identification number or the API. During this phase, you should submit either the Medicaid provider identification number or the API, but not both. Should you submit an electronic 837 claim transaction that includes your API, and you are receiving an electronic 835 remittance advice, your remittance will be generated utilizing the API on your claim. A Medicaid Memorandum will be mailed to you at least 30 days in advance to notify you of the confirmed start date for the dual use period. You can also visit the DMAS website at http://www.dmas.virginia.gov/ for frequent updates.

May 23, 2007 – NPI Compliance: DMAS will accept only claims having an NPI or DMAS assigned API. After May 22, 2007, DMAS will accept the legacy Medicaid Identification Number only from providers who have not obtained their NPI or been issued an API, and the date(s) of service on the claim is prior to May 23, 2007. In this situation, claims and adjustments with a legacy Provider Identification Number must be submitted on paper claim forms.

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DMAS will be following the phase-in approach for the new version of the CMS-1500. The phase-in for paper billing forms is:

CMS-1500 *(08-05)*

Please note, the '1D' ID Qualifier must be used in fields 24I, 32b and 33b when the API is submitted in the corresponding fields of the new CMS-1500 (08-05) because Atypical Providers are not submitting an NPI. (Refer to the 1500 Claim Form Reference Instruction Manual at http://nucc.org/ for additional information).
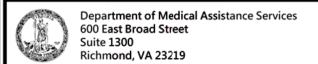
Phase 1:   <u>October 1, 2006 through March 31, 2007</u>, either the old CMS-1500 (12-90) or the new version of the form will be accepted. Only the legacy Medicaid Identification Number may be used on the old CMS-1500 (12-90). Only the legacy Medicaid

Identification Number may be used on the new CMS-1500 (08-05) until the confirmed start date of the dual use period.

Phase 2:   <u>April 1, 2007 through May 22, 2007</u>, only the new CMS-1500 (08-05) form will be accepted. Either the Medicaid Identification Number or the API may be submitted.

Phase 3:   <u>Beginning May 23, 2007</u> only the API may be used on the form.

DMAS-30 and DMAS-31 5/06

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Phase 1: <u>October 1, 2006 through First Quarter 2007</u>: The implementation of the revised DMAS-30 and DMAS-31 will be effective for Part B paper claims received on or after October, 1, 2006. Do not use the revised form before this date. The only invoice form that will be accepted for claims postmarked on or after October 1, 2006, will be the DMAS-30 R 5/06 and the DMAS-31 5/06. Only legacy Medicaid Provider Identification Numbers will be accepted on the DMAS 30/31 5/06 until the confirmed start date of the dual use period.

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Phase 2: <u>Second Quarter 2007 through May 22, 2007</u>, either the Medicaid Identification Number or the API may be used on the 5/06 version of the DMAS-30 and DMAS-31 beginning on the confirmed start date for the dual use period.

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Phase 3: <u>Beginning May 23, 2007</u> only the API may be used on the 5/06 version of the DMAS-30 and DMAS-31.

DMAS will provide changes that are going to be necessary for our business needs for specific locators related to these forms in future billing updates and instructions.

Please remember the API Compliance Date when only an API can be used to pay claims is May 23, 2007. Visit our website for frequent updates and details on the transition plan to NPI (www.dmas.virginia.gov).

It is DMAS' intention to make sure that this transition and implementation is deliberate, thorough, and as straight-forward as possible for our Medicaid providers. DMAS will communicate to providers what will be required of them

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and will work to reduce as much as possible, any burden this federal requirement places on a provider's ability to participate with Virginia Medicaid.

Atypical Providers that have obtained an NPI

Some Atypical Providers may have successfully obtained an NPI because they provide other services that qualify them as a healthcare provider according to the HIPAA rules. If this is the case and you have obtained an NPI, your NPI will supersede the DMAS assigned API. Please download the NPI Attestation Form from the DMAS Website at
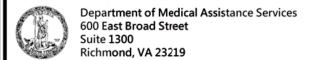
http://www.dmas.virginia.gov/downloads/pdfs/hpa-npi_Atypical_Enum_Letter.pdf and follow the instructions in order to notify DMAS of your NPI number.

For Frequent NPI/API Updates and Training Events visit the DMAS Website online at: www.dmas.virginia.gov. If you have an NPI/API question that has not been answered through our training, Web-based Q&A, or FAQs located on the DMAS website you can email us at NPI@dmas.virginia.gov.

Please visit the DMAS Learning Network at www.dmas.virginia.gov/ln-home.htm for Upcoming Training Events in your area!

"HELPLINE"

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

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1(804) 786-6273   Richmond area and out-of-state long distance 1(800) 552-8627   All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.